

Cycle Date: 07/31/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404943	Albemarle	8599	1	Detail not covered by combination of recipient, provider and benefit package.	0	2	8	6
		5404	1	Severe duplicate: same atttd prov/pcode/TOS/DOS/MOD				
3404902	Blue Ridge	8599	105	Detail not covered by combination of recipient, provider and benefit package.	16	188	427	239
		191	57	Client ID number does not match patient name.				
		8517	9	Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year.				
3404912	Catawba	8599	1	Detail not covered by combination of recipient, provider and benefit package.	0	1	13	12
3404917	Centerpoint	8599	180	Detail not covered by combination of recipient, provider and benefit package.	159	417	1551	1134
		27	40	Diagnosis code missing or invalid. Verify and enter the correct diagnosis code and resubmit as a new claim.				
		191	38	Client ID number does not match patient name.				
3404916	Crossroads				0	0	2	2
3404927	Cumberland	8599	175	Detail not covered by combination of recipient, provider and benefit package.	13	336	3185	2849
		8517	54	Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year.				
		5404	38	Severe duplicate: same atttd prov/pcode/TOS/DOS/MOD				
3404959	Davidson	8524	82	Claim denied, provider must be designated as a billing provider.	0	94	94	0
		191	7	Client ID number does not match patient name.				
		8517	5	Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year.				
3404944	Duplin-Sampson Lenoir	8599	79	Detail not covered by combination of recipient, provider and benefit package.	25	192	1963	1771
		8517	41	Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year.				
		120	21	Client ID number missing or invalid.				

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3404919	Guilford	21	208	Duplicate of claim system.	15	505	5458	4953
		8517	170	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
		10	30	Diagnosis or service invalid for client age. Verify CID, diagnosis, procedure code for errors. Correct and resubmit claim.				
3404930	Johnston	8599	89	Detail not covered by combination of recipient, provider and benefit package.	97	238	3073	2835
		24	16	Procedure code, procedure/modifier combination or procedure code/type of service combination is missing, invalid or invalid for this bill type.				
		27	16	Diagnosis code missing or invalid. Verify and enter the correct diagnosis code and resubmit as a new claim.				
3404929	Lee-Harnett	8517	43	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.	0	130	205	75
		21	31	Duplicate of claim system.				
		8326	28	Attending provider number is required when billed with group number. Add attending number and submit as a new claim.				
3404913	Mecklenburg	8599	55	Detail not covered by combination of recipient, provider and benefit package.	0	111	888	777
		143	36	Client ID number not on State eligibility file.				
		191	8	Client ID number does not match patient name.				
3404939	Neuse	8517	33	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.	29	94	247	153
		191	20	Client ID number does not match patient name.				
		8599	10	Detail not covered by combination of recipient, provider and benefit package.				
3404979	New River	8599	190	Detail not covered by combination of recipient, provider and benefit package.	12	383	3014	2631
		21	107	Duplicate of claim system.				
		8622	37	60 residential level II treatment received, PA is required for additional service.				
3404934	Onslow	8599	205	Detail not covered by combination of recipient, provider and benefit package.	15	235	1154	919
		8517	8	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
		5404	5	Severe duplicate: same attd prov/pcode/TOS/DOS/MOD				
3404921	OPC	8599	192	Detail not covered by combination of recipient, provider and benefit package.	31	372	3206	2834
		21	67	Duplicate of claim system.				
		8621	25	60 residential level III treatment received, PA is required for additional service.				

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3404910	Pathways	8599	158	Detail not covered by combination of recipient, provider and benefit package.	39	363	4385	4022
		8621	35	60 residential level III treatment received, PA is required for additional service.				
		10	34	Diagnosis or service invalid for client age. Verify CID, diagnosis, procedure code for errors. Correct and resubmit claim.				
3404924	Piedmont	8525	157	Claim denied, referring provider must be an LMA.	0	164	164	0
		191	7	Client ID number does not match patient name.				
3404932	Randolph	8599	132	Detail not covered by combination of recipient, provider and benefit package.	31	268	2339	2071
		21	54	Duplicate of claim system.				
		120	19	Client ID number missing or invalid.				
3404942	Roanoke-Chowan	8599	305	Detail not covered by combination of recipient, provider and benefit package.	9	575	2074	1499
		21	170	Duplicate of claim system.				
		10	30	Diagnosis or service invalid for client age. Verify CID, diagnosis, procedure code for errors. Correct and resubmit claim.				
3404918	Rockingham	8517	274	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.	25	485	2398	1901
		8599	140	Detail not covered by combination of recipient, provider and benefit package.				
		191	16	Client ID number does not match patient name.				
3404925	Sandhills	8517	55	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.	28	99	375	276
		120	7	Client ID number missing or invalid.				
		8599	7	Detail not covered by combination of recipient, provider and benefit package.				
3404901	Smoky Mountain	8599	726	Detail not covered by combination of recipient, provider and benefit package.	542	1620	9169	7549
		8517	213	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
		191	62	Client ID number does not match patient name.				
3404933	Southeastern Center	8599	81	Detail not covered by combination of recipient, provider and benefit package.	30	136	2146	2010
		21	10	Duplicate of claim system.				
		191	4	Client ID number does not match patient name.				

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3404926	Southeastern Regional	21	406	Duplicate of claim system.	0	506	1227	716
		5404	40	Severe duplicate: same att'd prov/pcode/TOS/DOS/MOD				
		8517	33	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
3404957	Tideland	8599	120	Detail not covered by combination of recipient, provider and benefit package.	148	403	5906	5503
		191	72	Client ID number does not match patient name.				
		8621	39	60 residential level III treatment received, PA is required for additional service.				
3404905	Trend	8599	105	Detail not covered by combination of recipient, provider and benefit package.	1	206	869	663
		191	55	Client ID number does not match patient name.				
		120	16	Client ID number missing or invalid.				
3404923	VGFW	8517	30	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.	6	40	205	165
		191	2	Client ID number does not match patient name.				
		8599	2	Detail not covered by combination of recipient, provider and benefit package.				
3404931	Wake	8517	4884	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.	244	5808	16649	10841
		8599	312	Detail not covered by combination of recipient, provider and benefit package.				
		21	192	Duplicate of claim system.				
3404935	Wayne	8505	46	Claim denied due to insufficient budget.	0	57	57	0
		8800	9	Further processing necessary, please check for claim on future RA's.				
		8517	2	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
3404936	Wilson-Greene	8517	214	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.	53	352	2487	2135
		8599	70	Detail not covered by combination of recipient, provider and benefit package.				
		143	6	Client ID number not on State eligibility file.				